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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

In re:	Nichols, Donald A		§ §	Case No. 09 B 38437
	Debtor		§	
			§	
	СНАРТ	TER 13 STANDING TRU	JSTEE'S FI	NAL REPORT AND ACCOUNT
				ving Final Report and Account of the 0)(1). The trustee declares as follows:
	1)	The case was filed on 10/15/2	2009.	
	2)	The plan was confirmed on 0	2/23/2010.	
	2)	The plan was commised on or	2/23/2010.	
	on (NA). 3)	The plan was modified by ord	der after confir	mation pursuant to 11 U.S.C. § 1329
]	4) plan on 12/07		nedy default by	the debtor in performance under the
	5)	The case was dismissed on 12	2/07/2010.	
	6)	Number of months from filing	g or conversion	n to last payment: 10.
	7)	Number of months case was	nanding: 15	
	7)	rumber of months case was		
	8)	Total value of assets abandon	ed by court or	ler: (NA).

9) Total value of assets exempted: \$1,500.00.

10) Amount of unsecured claims discharged without full payment: \$0.

11) All checks distributed by the trustee relating to this case have cleared the bank.

UST Form 101-13-FR-S (09/01/2009)

Receipts:

Total paid by or on behalf of the debtor \$1,000.00

Less amount refunded to debtor \$0

NET RECEIPTS: \$1,000.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$944.60

Court Costs \$0

Trustee Expenses & Compensation \$55.40

Other \$0

TOTAL EXPENSES OF ADMINISTRATION:

\$1,000.00

Attorney fees paid and disclosed by debtor \$375.00

Scheduled Creditors:							
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid	
Cda/Pontiac	Unsecured	\$250.00	NA	NA	\$0	\$0	
Cda/Pontiac	Unsecured	\$250.00	NA	NA	\$0	\$0	
City Of Chicago Dept Of Revenue	Unsecured	\$8,000.00	\$8,107.72	\$8,107.72	\$0	\$0	
Commonwealth Edison	Unsecured	\$500.00	NA	NA	\$0	\$0	
Department Stores National Bank	Unsecured	\$359.00	\$359.21	\$359.21	\$0	\$0	
Enhanced Recovery	Unsecured	\$39.00	NA	NA	\$0	\$0	
Enhanced Recovery	Unsecured	\$396.00	NA	NA	\$0	\$0	
Illinois Dept of Revenue	Unsecured	\$1,500.00	NA	NA	\$0	\$0	
Portfolio Recovery Associates	Unsecured	\$95.00	\$95.10	\$95.10	\$0	\$0	
Provident Hospital	Unsecured	\$200.00	NA	NA	\$0	\$0	
Roseland Community Hospital	Unsecured	\$200.00	NA	NA	\$0	\$0	

Summary of Disbursements to Creditors:			
	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$0	\$0	\$0
Mortgage Arrearage	\$0	\$0	\$0
Debt Secured by Vehicle	\$0	\$0	\$0
All Other Secured	\$0	\$0	\$0
TOTAL SECURED:	\$0	\$0	\$0
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0	\$0	\$0
Domestic Support Ongoing	\$0	\$0	\$0
All Other Priority	\$0	\$0	\$0
TOTAL PRIORITY:	\$0	\$0	\$0
GENERAL UNSECURED PAYMENTS:	\$8,562.03	\$0	\$0

Disbursements:						
Expenses of Administration	\$1,000.00					
Disbursements to Creditors	\$0					
TOTAL DISBURSEMENTS:		\$1,000.00				

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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: January 18, 2011

By: _/s/ MARILYN O. MARSHALL

Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.